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To:

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FROM: Christopher B. Eide

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Number of pages with cover page:	6	
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Preparer of this slip has confirmed that facsimile number given is correct: 6823/myl1

## Comments:

Attorney Docket No.: 146712014500  
Group Art Unit: 3682  
Examiner: L. Footland  
Serial No.: 10/676,672  
Filing Date: September 30, 2003  
Inventors: Anthony J. AIELLO et al.  
Title: FLUID DYNAMIC BEARING CONFIGURED WITH AN  
ORBITAL RING FOR HIGHER EFFICIENCY

## Document attached:

- Transmittal Form (1 page)
- Part B -Fee(s) Transmittal (original + copy for fee processing (2 pages))
- Power of Attorney (1 page)
- Statement Under 37 CFR 3.73(b) (1 page)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/676,672	
	Filing Date	September 30, 2003	
	First Named Inventor	Anthony J. AIELLO	
	Art Unit	3682	
	Examiner Name	L. Footland	
Total Number of Pages in This Submission	5	Attorney Docket Number	146712014500

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <li>• Part B Fee(s) Transmittal (original + copy for fee processing) (2 pages)</li> <li>• Statement Under 37 CFR 3.73(b) (1 page)</li> <li>• Facsimile Coversheet</li> </ul>
<div>Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Printed name	Christopher B. Eide		
Date	May 23, 2006	Reg. No.	48,375

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